



Washington State WIC Program  
Medical Documentation for Formula Substitution

Date: \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Caregiver's name: \_\_\_\_\_

Length of time formula medically required: ☐ 1 month ☐ 3 months ☐ 6 months

**Formula prescribed:** Indicate selected formula below:

**Milk-based**

- ☐ Nestlé Carnation Good Start  
☐ Similac with Iron

**Soy-based**

- ☐ Nestlé Carnation Alsoy  
☐ Similac Isomil with Iron

**Therapeutic**

- ☐ Enfamil A.R., iron fortified  
☐ Enfamil EnfaCare, iron fortified  
☐ Enfamil Nutramigen, iron fortified protein hydrolysate  
☐ Similac Alimentum, iron fortified protein hydrolysate  
☐ Similac NeoSure Advance with Iron  
☐ PediaSure (only for clients over one year of age)

**Federal regulations require one of the following medical diagnoses warranting the issuance of this formula:**

- |   |  |
|---|--|
| <input type="checkbox"/> Metabolic disorder                               | <input type="checkbox"/> Gastrointestinal disorder |
| <input type="checkbox"/> Inborn error of amino acid metabolism            | <input type="checkbox"/> Malabsorption syndrome    |
| <input type="checkbox"/> Food allergy                                     |  |
| <input type="checkbox"/> Other serious medical condition (describe) _____ |  |

**Name and signature of prescriptive authority:**

Provider name: \_\_\_\_\_  
(print or stamp)

Provider Signature: \_\_\_\_\_  
(required)

Formulas available  
without medical  
documentation include:

- **Enfamil with Iron**
- **Enfamil Prosobee, iron fortified**
- **Enfamil LactoFree LIPIL, iron fortified**

**Questions?** Call your local WIC clinic or 1-800-841-1410.

To obtain a copy of this form, visit: <http://www.doh.wa.gov/cfh/WIC/LocalAgInfo.htm>

**The Washington State WIC Program is an equal opportunity provider and employer.**

